

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001016

FILED
Apr 22, 2011
Secretary of State

Entity Name: NATIONAL SURGICAL CARE, INC.

Current Principal Place of Business:

191 N. WACKER DR., SUITE 925
CHICAGO, IL 60606

New Principal Place of Business:

Current Mailing Address:

191 N. WACKER DR., SUITE 925
CHICAGO, IL 60606

New Mailing Address:

FEI Number: 14-1839049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CHMN
Name: ABASSI, SAMI
Address: 191 N. WACKER DR., SUITE 925
City-St-Zip: CHICAGO, IL 60606

Title: PRES
Name: PENCE, RICHARD
Address: 191 N. WACKER DR., SUITE 925
City-St-Zip: CHICAGO, IL 60606

Title: ASTR
Name: BONTHRON, LETITIA
Address: 191 N. WACKER DR., SUITE 925
City-St-Zip: CHICAGO, IL 60606

Title: D
Name: OBRIEN, KEVIN
Address: 191 N. WACKER DR., SUITE 925
City-St-Zip: CHICAGO, IL 60606

Title: D
Name: FRONTERHOUSE, JEFF
Address: 191 N. WACKER DR., SUITE 925
City-St-Zip: CHICAGO, IL 60606

Title: D
Name: CARLYLE, JOHN
Address: 191 N. WACKER DR., SUITE 925
City-St-Zip: CHICAGO, IL 60606

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LETITIA BONTHRON

ASTR

04/22/2011

Electronic Signature of Signing Officer or Director

Date